

# VAC Veterans Independence Program

## OVERVIEW

Participating providers agree that they will submit claims directly to Medavie Blue Cross for payment when Medavie Blue Cross Health Care Identification cards from eligible clients of Veterans Affairs Canada (VAC) are presented.

Participating providers also agree to accept the terms of the Claims Submission Agreement, the requirements outlined in the Provider Guide and all other referenced program documentation including this overview, and to act in accordance with the terms of these requirements.

The Veterans Independence Program is a national home care program that provides financial assistance for nine services to help Veterans remain healthy and independent in their home or community. Providers or Veterans submit claims for most services. However, housekeeping and grounds maintenance benefits are paid through an annual grant to the Veteran. Benefits are listed in the VIP Benefit Grid.

## CLIENT ELIGIBILITY

Clients **may not be eligible for** all benefits under the Veterans Independence Program. Eligibility, benefits and annual dollar limits are determined and authorized by the Veteran's Area Office. Providers must confirm eligibility by having the client present their Medavie Blue Cross Health Care Identification card and by calling the toll-free Provider Inquiry Line at 1-888-261-4033 before providing the service.

## BENEFIT PREREQUISITES AND LIMITATIONS

To receive payment, the following requirements must be met:

- 1) **Pre-authorization** - All VIP benefits/services require prior approval. You must obtain the pre-authorization prior to providing the benefit. Once approved for VIP benefits/services, clients will be sent written confirmation detailing the benefits/services approved. Providers can receive authorization numbers from their clients or by contacting the toll-free Provider Inquiry Line at 1-888-261-4033.
- 2) **Registered Provider Status** - VIP providers must register and satisfy the applicable provider criteria as outlined on the VIP Provider Application Form in order to receive direct payment from Medavie Blue Cross.

## PROVIDER REPORTING REQUIREMENTS

VIP Providers must comply with the requirements to provide periodic reports directly to VAC.

## SERVICE STANDARDS

### Providers must meet the following service requirements:

- Providers speak the language of choice (French or English) of the Veteran client.
- Providers ensure that there is continuity of care and the same caregiver/employee provides service to the Veteran, whenever possible.
- Providers must not publish or distribute any advertising material that makes reference to Medavie Blue Cross or VAC in any way other than “**Medavie Blue Cross/VAC cards accepted**”.

Benefits/services for VIP clients are approved based on a specific annual dollar amount. Therefore, the provider has to respect program limits and provide services within those limits. Providers will not be reimbursed for delivering services in excess of the agreement without pre-authorization from VAC.

Medavie Blue Cross has established criteria for service providers and will not reimburse providers higher fees if services are delivered by a provider with higher qualifications than those required for the approved service. For example, a nurse providing personal care will be paid as a personal care worker and not as a nurse.

Providers of the following VIP benefits - Health and Support Services, Access to Nutrition, Transportation Services and Ambulatory Care - are referred to the VIP Schedule of Benefits for cautionary advice on how to avoid duplicate billing with other VAC health benefit programs.

**Note: Providers must not submit claims with a fee/rate exceeding the fee/rate charged by the provider to any patient paying cash for the same service/product.**

## CLAIM FORM

Provider Claim forms created for the Veterans Independence Program, specific to the benefit/service being provided, must be used to bill services. The client or client's representative and provider's original signatures/stamp must appear in the fields indicated on the claim form. Claim forms without the proper signatures will be rejected.

Providers may submit their own invoices for benefits/services provided their invoice includes the following information:

- Provider name and address
- Medavie Blue Cross provider identification number
- Client name
- Client identification number (from Health Care Identification card)
- Client authorization number (from approval)
- Date of service
- Service provided (benefit code)
- Amount billed
- Provider signature / stamp
- Client or client's representative signature

## AUDIT RIGHTS

As indicated in the Provider Guide, and by the provider's acceptance of the Claims Submission Agreement, Medavie Blue Cross and VAC, CAF and RCMP or their legally-appointed representatives reserve the right to examine and copy/photocopy all data and documentation relating to any claims previously paid or waiting for payment, including general information to support the provider's normal fee. This data and documentation must be obtained prior to the provision of benefit/service and retained for a minimum of two years. Client/member use of their Medavie Blue Cross Health Identification Card authorizes Medavie Blue Cross, the client/member's Department, their agents, service providers and external health professionals, to collect and use relevant information about them, and disclose it to each other for the purpose of administering their eligible benefits and services, including claims processing, authorization of benefits and auditing. For further information, please see the Provider Guide at [www.medavie.bluecross.ca/healthprofessionals](http://www.medavie.bluecross.ca/healthprofessionals).